

Attorney Docket No. 0918.0263C

PATENT APPLICATION



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

re application of Edward Oates et al.

Examiner: Ho, Duc Chi

Serial No.: 09/990,496

Art Unit: 2665

Confirmation No.: 3408

Filed: November 21, 2001

For: Channelized Receiver System

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL OF RESPONSE

Enclosed are the following documents in response to the Office Action mailed
August 16, 2005 for the above-identified application:

- ☒ Amendment/Response (23 Pages)
- ☐ Petition for Extension of Time
- ☐ Request for Approval of Drawing Changes
- ☐ Information Disclosure Statement
- ☐ Notice of Appeal
- ☐ Associate Power
- ☐ Revocation and New Power
- ☐ Change of Address
- ☐ Request for Continued Examination
- ☐ Terminal Disclaimer
- ☐ Return receipt postcard
- ☐ Other:

The fee has been calculated as follows:

| | NO. OF CLAIMS REMAINING AFTER AMENDMENT | NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | FEE |
|---|---|--|-----------------|------------|---------------|
| Total Claims | 64 | - 64 = | 0 | x \$50.00 | 0.00 |
| Independent Claims | 5 | - 5 = | 0 | x \$200.00 | 0.00 |
| If multiple dependent claims are presented, add \$360.00 | | | | | |
| Total Amendment Fee | | | | | 0.00 |
| <input type="checkbox"/> Applicant claims Small Entity Status (subtract 50% of Total Application Fee) | | | | | |
| Other fees: | | | | | |
| TOTAL FEE DUE | | | | | \$0.00 |

☐ Check No. _____ in the amount of \$_____ for the total fee as calculated above.

☐ Please charge \$_____ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.

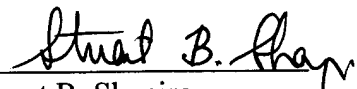
☒ The Commissioner is hereby authorized to charge any additional appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 05-0460.

Dated: OCTOBER 28, 2005

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Respectfully submitted by
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By:


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Reg. No. 40,169



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AMENDMENT

Sir:

In response to the Office Action mailed August 16, 2005, please amend the application as follows.